

AUG 11 2003

## PART B - FEE(S) TRANSMITTAL

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DIANE L. MATSON	(Depositor's name)
Deane L. Matson	(Signature)
8.7.03	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/004,411	11/02/2001	TERMINAL Ronald Breslow	3254.1002-028	7609

TITLE OF INVENTION: POTENT INDUCERS OF TERMINAL DIFFERENTIATION AND METHODS OF USE THEREOF

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1300	\$0	\$1300	10/20/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
COVINGTON, RAYMOND K	1625	514-266000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	Hamilton, Brook, Smith & Reynolds, P.C. 1 _____ 2 _____ 3 _____
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## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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## (A) NAME OF ASSIGNEE

## (B) RESIDENCE: (CITY and STATE OR COUNTRY)

1. Sloan-Kettering Institute for New York, New York  
 Cancer Research  
 2. The Trustees of Columbia University in the City of New York New York, New York  
 Please check the appropriate assignee category or categories (will not be printed on the patent)  individual  corporation or other private group entity  government

## 4a. The following fee(s) are enclosed:

 Issue Fee Publication Fee Advance Order - # of Copies 15

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 A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. to charge any deficiency The Commissioner is hereby authorized to charge any overpayment, or credit any overpayment, to Deposit Account Number 06-0380 (enclose an extra copy of this form).

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*Deanne L. Matson* *August 07, 2003*  
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01 FC:1501	130.00 UP
02 FC:8001	45.00 GP